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Enhanced Surveillance for Lymphogranuloma Venereum

Introduction

Lymphogranuloma venereum (LGV) is a systemic, sexually transmitted disease (STD) caused by specific immunotypes of *Chlamydia trachomatis* (serovars L1, L2, L3) that rarely occur in the United States and other industrialized countries. Recently an outbreak of LGV among men who have sex with men (MSM) occurred in the Netherlands (*MMWR* Oct. 29, 2004), and cases have been reported in other European countries (i.e., Belgium, France, and Sweden). There may also be an increase in cases in the U.S., especially among MSM.

Symptoms of LGV include: mucous or purulent anal discharge, rectal bleeding, constipation, inguinal/femoral lymphadenopathy (buboes), genital or rectal ulcer or papule, anal spasms, and tenesmus. The Centers for Disease Control and Prevention (CDC) defines a *probable case* of LGV as a clinically compatible illness with one or more tender fluctuant inguinal lymph nodes or characteristic proctogenital lesions with supportive laboratory findings of a single *C. trachomatis* complement fixation titer of ≥ 64 . A *confirmed case* is defined as a clinically compatible illness that is laboratory confirmed with

- Isolation of *C. trachomatis*, serotype L1, L2, or L3 from a clinical specimen, or
- Demonstration by immunofluorescence of inclusion bodies in leukocytes of an inguinal lymph node (bubo) aspirate, or
- Positive microimmunofluorescent serologic test for a lymphogranuloma venereum strain of *C. trachomatis*.

The recommended treatment is administration of 100 mg of doxycycline orally, twice a day for 21 days. An alternative treatment is 500 mg of erythromycin base orally, four times a day for 21 days. Patients should be followed clinically until signs and symptoms have resolved. Prolonged therapy may be required in persons with both LGV and HIV infection.

LGV a Reportable Condition

Because a diagnosis of LGV is implicit of *C. trachomatis* infection, LGV is reportable to the Alaska Division of Public Health. Alaska health care providers who suspect the diagnosis of LGV should immediately notify the Section of Epidemiology's STD program (Rapid Telephonic Reporting to 561-4234 in Anchorage or to 1-800-478-1700 from other areas). STD program staff are available for assistance in diagnosis, specimen collection, and partner notification.

Enhanced Surveillance

To evaluate LGV infection in the U.S., CDC is tracking the number of cases of LGV by asking clinicians caring for patients with clinical symptoms consistent with LGV to submit clinical samples and a completed questionnaire (see Box below).

Additional Information

For additional information about lymphogranuloma venereum surveillance, please refer to the following CDC webpage: <http://www.cdc.gov/std/lgv/>.

Box: CDC's Specimen Collection, Storage & Shipping Instructions and Questionnaire Information

Specimen Collection Procedures

Please submit both rectal specimens and serum from patients you suspect may have LGV.

Rectal specimen collection

Equipment—For immediate collection (i.e. the patient is in clinic now or will be in the next day): use the small swab in the tube included in a standard DNA hybridization (GenProbe) or DNA amplification test (BD, GenProbe, TMA, Roche) for specimen collection *not* the large tipped cleaning swab. If these test kits are not available, you may use a sterile, DRY swab. Place the swab into a specimen collection tube (no fluid or jelled medium should be included in the tube).

Collection Technique—Blind rectal specimens should be collected prior to anoscopy or sigmoidoscopy. Insert swab 3-5 cm into rectum, rotate against rectal wall several times. Discard swabs grossly contaminated with feces and repeat collection. If anoscopy or sigmoidoscopy is performed, collect specimen from visible mucosal ulceration. Specimens obtained during direct visualization when performing anoscopy or sigmoidoscopy are preferable.

Serum collection—Collect approximately 5 mL of blood in red top vacutainer tube, and immediately send to the State Public Health Laboratory.

Specimen Storage Instructions

- Pack specimens for shipping with insulated cold pack or freezer pack. Label each specimen with patient's clinic ID#, clinic name and anatomical site of specimen collection.
- Please include a separate specimen information sheet for each specimen submitted in the shipment. Specimen information sheets are included at the back of this form and may be copied as necessary.

Shipping Instructions

- Ship specimens to the Alaska State Public Health Laboratory (4500 Boniface Parkway, Anchorage, AK 99507-2107) on the same day the specimen is collected, if possible.
- Specimens being shipped from outside of Anchorage should be sent via GoldStreak, if possible.
- Labeling should be provided that clearly indicates that the specimens should be forwarded to CDC.

Questionnaire

- CDC is also asking clinicians to complete a questionnaire for any patient suspected of having LGV. Completion of the questionnaire will greatly enhance understanding of the characteristics of persons with LGV in the U.S.
- Questionnaires are available at: http://www.cdc.gov/std/lgv/LGVclinicalform_v7.pdf.
- Questionnaires should be faxed to Dr. Catherine McLean at (404) 639-8610.